

**TRANSMITTAL LETTER FOR CLOSE-OUT PACKET**

Grantee's Name and Address:

Contract Number:

Jurisdiction

Chief Official

Grant Period

To

(CONTRACT GRANT EXECUTION DATE)

(TERMINATION DATE, INCLUDING ANY  
EXTENSION AMENDMENTS)

The following forms are enclosed to be included as part of this CLOSE-OUT Packet:	ATTACH AND CHECK
1. GRANTEE'S RELEASE FORM	
2. IF APPLICABLE, REFUND CHECK AND LIST	
3. FINAL FINANCIAL STATUS REPORT	
4. BENEFICIARIES	
5. IF APPLICABLE, INDEPENDENT AUDIT REPORT	
6. FINAL PROGRESS REPORT	
7. IF APPLICABLE, PROPERTY REGISTER	

No costs have been incurred after the expiration date of the above contract. All necessary documents and procedures have been followed thereby finalizing the above mentioned contract.

AUTHORIZED OFFICIAL SIGNATURE,

TITLE

DATE

MAY BE THE JURISDICTION'S CHIEF OFFICIAL, THE DESIGNATED PROGRAM

MANAGER OR THE DESIGNATED ALTERNATE FOR REQUESTING FUNDS.

**ENCLOSURE 1**

**GRANTEE'S RELEASE FORM**

Pursuant to the terms of Contract Number \_\_\_\_\_ and in consideration of the sum of \_\_\_\_\_ (\$ \_\_\_\_\_) which has been or is to be paid under the said contract to \_\_\_\_\_, grantee, upon payment of the said sum by the State of Utah Department of Community and Economic Development hereinafter called the grantor, does remise, release, and discharge the grantor, its officers, agency's and employees of and from all liabilities, obligations, claims, and demands whatsoever under or arising from the said contract.

IN WITNESS WHEREOF, this release has been executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Chief Official

\_\_\_\_\_  
Typed name and Title

**WITNESS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ENCLOSURE 2**

**REFUND CHECK AND LIST**

A Refund Check in the amount of \$\_\_\_\_\_ is enclosed or was returned on \_\_\_\_\_.

Explanation of Refund:

## ENCLOSURE 3

### FINAL FINANCIAL STATUS REPORT

Grantee: \_\_\_\_\_

#### 3-A. EXPENDITURE CHART

ACTIVITIES	TOTAL BUDGET	EXPENDITURE TO DATE	BALANCE	% OF PROJECT
1. ACQUISITION OF REAL PROPERTY				
2. RELOCATION ASSISTANCE				
3. SITE CLEARANCE/DEMOLITION				
4. REHABILITATION OF RESPONSIBLE PROPERTY				
A. DIRECT GRANT				
B. DIRECT LOANS				
C. INTEREST SUBSIDIES				
5. REHABILITATION OR DEVELOPMENT OF COMMERCIAL/INDUSTRIAL PROPERTY				
A. DIRECT GRANTS				
B. DIRECT LOANS				
C. INTEREST/PRINCE. SUBS.				
6. PUBLIC FACILITIES				
A. SEWER CONSTRUCTION				
B. WATER CONSTRUCTION				
C. STREET IMPROVEMENTS				
D. COMMUNITY CENTERS				
E. RECREATIONAL FACILITIES				
F. OTHER				
7. NEW CONSTRUCTION				
A. COMMERCIAL				
B. INDUSTRIAL				
8. SITE PREPARATION				
9. PLANNING				
10. ENGINEERING				
11. OTHER (IDENTIFY)				
12. ADMINISTRATION				
TOTAL				

#### 3-B. PROGRAM INCOME (CUMULATIVE TO DATE)

A. ACTIVITIES	B. PROGRAM INCOME	C. SOURCE
	TOTAL	

## ENCLOSURE 3 (CONTINUED) FINAL PROJECT STATUS REPORT

**3-C. NATIONAL OBJECTIVES:** This report provides a comprehensive performance/accomplishment statement illustrating exactly what was done by national objective and persons benefited.  
(CIRCLE AND ADDRESS THE NATIONAL OBJECTIVES IDENTIFIED FOR THIS PROJECT)

**A. PROJECTS BENEFITTING LOW AND MODERATE INCOME FAMILIES:**

1. DESCRIBE THE PROJECT IN QUANTIFIABLE TERMS - ACCOMPLISHMENTS, i.e.; 1400 feet of water line installed and the number of people actually served.

**B. SLUM AND BLIGHT PROJECTS:**

1. DESCRIBE THE PROJECT IN QUANTIFIABLE TERMS - ACCOMPLISHMENTS.

**C. URGENT HEALTH/WELFARE:**

1. DESCRIBE THE PROJECT IN QUANTIFIABLE TERMS - ACCOMPLISHMENTS:

### 3-D. LEVERAGE/COORDINATED FUNDS

A. SOURCE	B. TOTAL FROM SOURCE	C. % OF TOTAL PROJECT
1. STATE (CDBG)		
2. OTHER STATE (IDENTIFY)		
3. TOWN (IDENTIFY)		
4. FEDERAL (IDENTIFY)		
5. PRIVATE (IDENTIFY)		
6. OTHER (IDENTIFY)		
7. TOTAL		

## ENCLOSURE 4 - BENEFICIARIES

**Count Beneficiaries Using the Following Criteria:**

Public Service Projects: Count persons  
Housing Rehab: Count Households  
Curb/gutter/sidewalk, water/sewer, Street Improvements: Count Persons  
“First Time Home Buyer” Program: Count Households  
Public Facility Construction: Count Persons  
Land/Water Acquisition: Count Households or Persons  
Fire/Emergency Vehicle/Equipment Purchase: Count Persons  
Curb cuts, ADA accessibility projects: Estimate Elderly/Handicapped Persons Benefiting  
Admin/Planning/ Feasibility Studies: No Data is Required  
Technical Assistance – (AOG’S) – Count Persons  
**Choose EITHER “Households” or “Persons” for questions 1 – 3 below.**  
**Please check one: Counts are by HOUSEHOLDS \_\_\_ Counts are by PERSONS \_\_\_**

TOTAL # of Persons OR Households	AFRICAN AMERICAN	ASIAN/ PACIFIC ISLANDER	CAUCASION	HISPANIC	NATIVE AMERICAN/ ALASKA NATIVE
1. Beneficiaries					
2. LMI Beneficiaries					
3. % LMI Beneficiaries (Line 2 Divided by Line 1)					
4. Total # of Female-Headed <u>Households</u> Benefiting					

C. REMARKS

**CERTIFICATION**

I certify that all information and statements as set forth in this report are, to the best of my knowledge, accurate and correct as of this date.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Manager

**ENCLOSURE 5**

**INDEPENDENT AUDITOR'S REPORT**

Either a statutory audit or a single audit must be prepared! Cities or counties having spent over \$300,000 in Federal funds during their fiscal year must submit the single audit, all others need only submit a standard audit report. If the Community Development Block Grant has been audited, include a copy of the entire Audit Report. If the audit is in progress, or has yet to begin, complete the following information. At the time of audit completion, a report must be filed with DCD.

AUDITOR'S NAME:

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ADDRESS:

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PHONE:

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CONTACT PERSON WITH FIRM:

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DATE AUDIT IS TO BEGIN:

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HOW THE AUDIT WILL BE PAID FOR:

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**ENCLOSURE 6 - FINAL PROGRESS REPORT**  
**UTAH STATE - CDBG PROGRAM**

**PART 1**

**BUSINESS OPPORTUNITIES, CONTRACTS AND SUBCONTRACTS**

A) GRANTEE NAME:					CONTRACT NO.					
B) CONTRACT OR SUBCONTRACTOR NAME AND ADDRESS										
DATE OF CONTRACT OR PURCHASE	NAME	STREET	CITY	S T	ZIP CODE	C) TYPE OF TRADE (1-3)	D) AMOUNT OF CONTRACT	E) BUSINESS RACIAL/ ETHNIC CODE (1-5)	F) LOCAL OWNED BUSINESS	G) WOMEN OWNED BUSINESS
					1) CONSTRUCTION  2) PROFESSIONAL SERVICES  3) MATERIALS/SUPPLIES (OVER \$500)			1) CAUCASIAN 2) AFRICAN AMERICAN 3) NATIVE AMERICAN 4) HISPANIC 5) ASIAN/PACIFIC ISLANDER		

**ENCLOSURE 6 - FINAL PROGRESS REPORT**  
**STAFF BREAKDOWN BY SEX, RACE AND HANDICAP**

**PART 2**

GRANTEE:	TOTAL EMPLOYEES				ASIAN PACIFIC		HISPANIC		AFRICAN AMER		NATIVE AMER		HANDICAPPED	
DATE:	Total	%	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
1) LESS THAN \$10,000														
2) \$10,000 - 17,999														
3) \$18,000 - 24,999														
4) \$25,000 - 34,999														
5) 35,000 AND UP														
6) TOTAL		100												
7) BEFORE 1/1/74														
8) 1/1/74 - 12/31/78														
9) 1/1/79 - 12/31/82														
10) 1/1/83 - PRESENT														
11) TOTAL (SAME AS LINE 6)		100												
12) CLERICAL & ADMINISTRATIVE SUPPORT														
13)MANAGERIAL, ADMINISTRATIVE, PROFESSIONAL														
14) EQUIPMENT OPERATORS, LABORERS, & MAINTENANCE														
15) PROTECTIVE SERVICES (POLICE & FIRE OFFICERS)														
16) OTHER														

17) TOTAL LINES (SAME AS 6 & 11)														
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**ENCLOSURE 7**  
**CDBG PROPERTY REGISTER**

DESCRIPTION & COST	% CDBG	LOCATION	RETENTION/DISPOSITION